



General Assembly

Sixtieth session

Official Records

84th plenary meeting

Wednesday, 31 May 2006, 9 a.m.
New York

President: Mr. Eliasson (Sweden)

The meeting was called to order at 9.10 a.m.

Tribute to the memory of Dr. Lee Jong-wook, Director-General of the World Health Organization

The President: Before proceeding to our agenda, it is my sad duty to inform the General Assembly of the death, in Geneva on Monday, 22 May 2006, of Dr. Lee Jong-wook, Director-General of the World Health Organization. Dr. Lee was an outstanding international civil servant who demonstrated the deepest dedication to the ideals of the United Nations. The passing of Dr. Lee is a true loss to the international health community. His skilful contributions to the work of the World Health Organization and his commitment to improve the health of all people have indeed improved the lives of many worldwide. Dr. Lee's conviction to alert the world to the need to be prepared in case of an avian influenza pandemic has given us a greater possibility to tackle such a pandemic should it occur. He was also strongly dedicated to the issues of HIV/AIDS, Severe Acute Respiratory Syndrome (SARS) and childhood immunization.

On behalf of the General Assembly, I should like to request the representative of the Republic of Korea to convey our condolences to the Government of the Republic of Korea and to the bereaved family of Dr. Lee.

May I now ask representatives to stand to observe a minute of silence in tribute to the memory of Dr. Lee Jong-wook.

The members of the General Assembly observed a minute of silence.

The President: I now give the floor to the representative of the Republic of Korea.

Mr. Choi Young-jin (Korea): Like many others present in the Hall, I had the good fortune to have personally met Dr. Lee Jong-wook on several occasions. The last time I saw him was a few months ago, in New York City. Dr. Lee was here to attend a meeting. We talked about the United Nations and the World Health Organization (WHO) — about the challenges and prospects of our respective organizations. Dr. Lee shared his concerns about rising transnational problems such as international terrorism, weapons of mass destruction, climate change and, of course, communicable diseases, including avian flu and HIV/AIDS. He identified those as the new global challenges of the twenty-first century, replacing the classic historical problems of war and peace among nations. He emphatically pointed out that strong multilateralism was necessary for the international community to successfully cope with those new challenges.

As usual, Dr. Lee appeared to me to be full of vigour, energy and ideas. His dedication and devotion to what he was doing as head of the WHO made a deep impression on me. I was very happy to see that the WHO, with its crucial task as custodian of the health of the global village, was in excellent hands. Yet fate is the domain of God, not of man. Dr. Lee left us quite unexpectedly, while preparing an important meeting of

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-154A. Corrections will be issued after the end of the session in a consolidated corrigendum.

06-36831 (E)



the WHO. We all grieve his premature departure. We all share a deep sadness with his family and the staff of the WHO.

But, at the same time, we must console ourselves by remembering Dr. Lee's legacy. We remember his brilliant initiatives and achievements, including the Global Partnership to Stop Tuberculosis and the WHO Global Programme for Vaccines and Immunization, which earned him the nickname of WHO's vaccine czar. As a model international civil servant deeply committed to multilateralism and as a visionary director of the WHO fighting against avian flu and HIV/AIDS, Dr. Lee showed us the way. It remains for us to follow.

Earthquake in Indonesia

The President: I should now like, on behalf of all the members of the General Assembly, to extend our deepest sympathy to the Government and the people of Indonesia on the tragic loss of life and serious injuries and extensive material damage that have resulted from the earthquake that occurred on Saturday, 27 May. May I also express the hope that the international community will show its solidarity and respond promptly and generously to any request for assistance, both for short-term relief and long-term reconstruction.

I now call on the representative of Indonesia.

Ms. Mboi (Indonesia): First of all, I should like to express, on behalf of the Government and people of Indonesia, our deep appreciation for the expressions of sympathy that the General Assembly, as well as Governments of Member States, have extended in the wake of the earthquake in the province of Yogyakarta on 27 May 2006. We also thank the Member States, members of the United Nations family, international organizations and non-governmental organizations that have generously offered and rendered emergency aid and assistance for the victims. It is encouraging to see that, in the wake of this unfortunate incident, the international community has once again risen to its feet in solidarity. It is our fervent hope that that spirit of unity will continue to be promoted under the auspices of international organizations such as the United Nations.

Just to briefly share with the Assembly some of the current developments, as of today the death toll has reached 5,800 people, and close to 10,000 people have suffered heavy or minor injuries. So far, 54,000 homes

have been reported damaged, which has, unfortunately, displaced approximately 200,000 people.

Once again, on behalf of the people of Indonesia, I thank the Assembly and its members.

Agenda item 45 (continued)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/60/736)

Note by the Secretary-General (A/60/737)

The President: The General Assembly, pursuant to resolution 60/224, of 23 December 2005, will today and tomorrow undertake, under agenda item 45, a comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS. In that connection, the General Assembly has before it a report of the Secretary-General that has been circulated in document A/60/736, as well as a note by the Secretary-General that has been circulated in document A/60/737.

The two days of comprehensive review meetings will consist of plenary meetings and informal interactive hearings with civil society, panel discussions and round tables. A more detailed programme is announced in the *Journal*.

Today's meeting of the General Assembly is no ordinary meeting. Over the next three days, the world will be watching us almost as never before. All 191 Member States will be taking a long, hard look at our collective response to AIDS since the landmark meeting of 2001. All of us will be deciding what new commitments we need to make to ensure that 2006 goes down in history as the moment when the world turned the tide of that pandemic once and for all. As we begin our meetings, negotiations continue on the draft political declaration, under the very able co-chairmanship of Ambassador Laohaphan of Thailand and Ambassador Hackett of Barbados. I call upon all members to show maximum cooperation and flexibility as the negotiations progress. The devastating realities of AIDS should remind us of the urgency of our task.

HIV/AIDS is a truly worldwide problem and demands a worldwide response. It affects every part of society. It affects young and old, rich and poor, male

and female, and those of all lifestyles and of all cultures. Just as AIDS affects us all, the responsibility to fight it is one that we also share. Although Governments must play a central role in the response, we alone cannot tackle this global emergency. Nor can the United Nations. We need individuals on the ground. We need communities. We need civil society. We need business and trade unions. We need scientists. We need the media. We need local government. We need parliamentarians. We need our regional and multilateral institutions. And, above all, we need people — those living with HIV and those at greatest risk of infection — to be at the centre of the response.

That is why it is so important that so many of our colleagues from civil society are with us for these days of meetings. The Assembly has accredited around 800 organizations to attend this meeting, and they are joined by many others with standing accreditation from the Economic and Social Council. I know that some who were due to be here have had their plans frustrated. I share their frustration. But, nonetheless, I believe that our deliberations this week will be greatly enriched by the unprecedented number of civil society representatives who are here. That will truly help us to bring the realities of the world into our halls.

I mentioned the importance of putting people living with HIV at the centre of the response. The General Assembly will shortly take an important symbolic step towards that goal, when it invites Khensani Mavasa from South Africa to address us as a representative of civil society. Ms. Mavasa is a young woman living with HIV/AIDS. The face of the pandemic is increasingly young, poor and female. Worldwide, twice as many young women are living with HIV as young men. In sub-Saharan Africa infected young women outnumber infected young men by three to one.

The world is doing far too little to help those young women help themselves. Only one in five young women know how to prevent HIV transmission, and less than one in 10 HIV-positive pregnant women are receiving antiretroviral drugs. I very much hope that the feminization of this epidemic will be a major element of our deliberations this week, and that we will take decisions that will have a tangible impact on young women's lives.

The Secretary-General will soon tell us more about the conclusions of his report assessing progress

since the 2001 Declaration of Commitment. Suffice it to say that, while the global response to the pandemic has, admittedly, gathered strength on many fronts, in terms of leadership, funding and coordination it is still far from good enough. Twenty-five years into the pandemic, we have not controlled it. Even now, half of all new HIV infections occur among young people aged between 15 and 24.

I therefore call on everyone here to work together as partners for the most concrete and most powerful outcome possible from these three days of meetings and discussions. We need a response commensurate with the threat we face. We know what needs to be done, and we have the tools to do it. Success in the fight against AIDS is not a lofty vision. In some places it is on the way to becoming a reality. In a few countries, infection rates have begun to fall and to level out. Lives are being saved through expanded access to HIV treatment and prevention. But still, there are nearly 6 million people in our world who are living with HIV and who need treatment today, but have no access to it; four out of five people who are at risk of HIV infection have no access to any form of prevention.

Five years ago we made important promises to all the world's people — children and adolescents, women and men. This week we must make the necessary commitments to strengthen and deliver the response we promised.

I now have the honour to give the floor to the Secretary-General, His Excellency Mr. Kofi Annan.

The Secretary-General: Let me begin by adding my voice to the tributes paid to Dr. Lee Jong-wook, who as the leader of the World Health Organization gave so much to our fight against HIV/AIDS and to our struggle for global health. His death is a profound blow to all of us. I personally lost a close colleague and a close friend.

It is 25 years ago next week that the world first heard of HIV/AIDS. Looking back at that age of innocence — if I may put it that way — it seems to belong not only to a different time, but to a different world. Since then, HIV/AIDS has unfolded along a pattern we tend to see only in nightmares. It has spread further, faster and with more catastrophic long-term effects than any other disease. Its impact has become a devastating obstacle to the progress of humankind. In 25 short years, HIV/AIDS has gone from local

obscurity to global emergency. It took the world far too long to wake up. Denial dogged the response to AIDS. Millions paid with their lives.

But in recent years that has changed. The response has gained genuine momentum. The real turning point came when the General Assembly held a special session on HIV/AIDS five years ago. I said at the opening of that gathering that I hoped that it would be truly a special session. That hope has been borne out. The session moved the world's response to a different level. With the Declaration of Commitment (resolution S-26/2), Member States adopted a number of specific time-bound targets to fight the epidemic. My report to the Assembly provides a comprehensive update on the progress achieved since then. Let me single out a few points for special attention.

A significant number of countries have managed to reach key objectives. More than 70 have quadrupled access to HIV testing and counselling services. More than 20 have reached the goal of the 3 by 5 Initiative — providing antiretroviral treatment to at least half of those in need. The global financing target has been met, and the Global Fund that I called for is now fully operational.

Yet the vast majority of countries have fallen distressingly short of meeting the targets in the Declaration. Those shortcomings are deadly. For example, most countries have still not ensured that young people have an accurate understanding of HIV and how it can infect them, and the world has been unconscionably slow in meeting one of the most vital aspects of the struggle: measures to fight the spread of AIDS among women and girls. In the Declaration, countries pledged to adopt national strategies to promote women's rights, protect women and girls from all forms of discrimination, and empower them to protect themselves against HIV. Yet today, as we heard from our President, infections among women are increasing in every part of the world, particularly among young women. Globally, more than twice as many young women as young men are infected.

Those are areas where we must apply the main lesson of the past 25 years. It is only when we work together with determination and unity of purpose that we can win against this disease. That requires visionary leadership from all Members, and it requires unprecedented partnership among Governments, the

private sector and civil society. In that respect, I echo once again our President.

That is why it is crucial that we have civil society fully engaged in this high-level meeting. I, like the President, am heartened that in a few moments, Khensani Mavasa of South Africa will become the first person living with HIV to address this Assembly.

This meeting must chart a way forward. It must set us firmly on course towards getting us as close as possible to universal access to HIV prevention, treatment, care and support by 2010 — the goal that Members committed themselves to at the summit last September. It must move us decisively towards our destination — the Millennium Development Goal of halting and beginning to reverse the spread of HIV and AIDS among women, men and children by 2015.

I count on the personal leadership of each and every Member — or should I say, every one of us — to get us there. Nothing less than that will do. The future of the world is at stake, and we must all do what we have to do.

The President: I thank the Secretary-General for his important message to all of us.

In accordance with General Assembly resolution 60/224 of 23 December, I now give the floor to the Executive Director of the Joint United Nations Programme on HIV/AIDS.

Mr. Piot (Joint United Nations Programme on HIV/AIDS): With the death of Mr. Lee Jong-wook, the fight against AIDS has lost an inspiring and determined force. I join President Eliasson and the Secretary-General in paying tribute to his vast contributions.

My statement today is made equally on behalf of the executive heads of the 10 sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Five years ago, in my statement at the special session on AIDS, I emphasized that

"Two paths lead from this General Assembly special session ... One path simply continues from where we are today: an epidemic ... that is gradually defeating us. [The other] path out of the special session must be one of commitment to stop this epidemic." (A/S-26/PV.1, pp. 41-42)

It is clear from the Secretary-General's statement and his report that a growing number of Member States are embracing the second path — that of commitment to stopping this epidemic.

We have achieved more in the past five years than in the previous 20 in the history of AIDS. We have real results on the ground, but we have missed many more of the targets agreed in 2001 than we have achieved. As a result, the epidemic continues to outstrip the worst predictions.

What needs to change? How can we avoid the massive, deadly failures of the past 25 years?

The first thing we need to do is a lot more of what we are already doing, and to do it much better. We must scale up all HIV services towards universal access, and we must do so more quickly and efficiently than ever thought possible. The road map towards universal access is clearly laid out in the assessment report prepared by UNAIDS, based on public debates in more than 130 Member States. So the world has a socially backed agenda for action.

The other thing we need to do is to fundamentally change the way we think about the epidemic and how we deal with it. Twenty-five years into AIDS, in rich and poor countries alike, we still approach the epidemic from a crisis management perspective — often a haphazard crisis management — of short-term goals and attempted quick fixes. We try to manage the epidemic as if it were a passing emergency.

Yet AIDS is not only an emergency. It is a massive and long-term problem — one of the make-or-break issues of our century. So it can be defeated only with sustained attention and the kind of "anything it takes" resolve that Member States apply to preventing global financial meltdowns or wars.

That resolve must be political — until it is beaten, AIDS must remain a permanent global political priority, led at the highest level in every country. That resolve must be financial — it must secure over \$20 billion every year from 2008 on. That resolve must be technological — it must speed innovation in developing microbicides, next-generation drugs and vaccines, while also ensuring access to those lifesaving essentials. That resolve must also be a commitment to true partnership, so that Governments, people living with HIV, the most vulnerable groups, civil society, faiths and business work shoulder to shoulder to save

lives. And that resolve must address the fundamental drivers of this epidemic, especially gender inequality; the low status of women, homophobia and AIDS-related stigma and discrimination.

We need to commit to a strategic approach that recognizes AIDS both as a long-term priority as well as an emergency that requires an immediate response. In other words, we need to run a marathon at the pace of a sprint.

Let this be the landmark meeting at which Member States put in place the exceptional resolve needed to stop this epidemic. I appeal to all delegations to conclude with a strong declaration — a declaration that, just like the 2001 Declaration of Commitment on HIV/AIDS, will make a difference in people's lives. When 8,000 people die from AIDS every single day, and when 11,000 people are infected every single day, the world would not understand — and the world should not forgive — if we were to fail the people without a voice who count on us. I know — and I have seen it everywhere — that fighting AIDS cuts across national politics. Let it also cut across international politics. The world looks to the Assembly's leadership now and into the future.

The President: I now have the honour of giving the floor to the representative of civil society, Ms. Khensani Mavasa, of the Treatment Action Campaign, accredited through the International Women's Health Coalition.

Ms. Mavasa (Treatment Action Campaign): I greet everyone here in the name of progress. I would not be doing justice if I were not to first thank the countries that have managed to reach their targets, but the reality is that most countries have not managed to meet their commitments.

My name is Khensani Mavasa. I was born in 1978. I come from the village of Thomo in Giyani, in a province called Limpopo, a disadvantaged province in South Africa, where few people are on treatment. The reality is that hundreds of thousands of people are on treatment but millions are dying around the globe.

Many women are still living under patriarchal conditions, which makes them vulnerable to HIV. I am a woman living openly with HIV. I am a person who has survived rape and other forms of abuse. I still live under the power of men and the institutions they run to perpetuate the oppression of women.

The fact that women constitute nearly 60 per cent of the world's 40.3 million HIV-positive people must make us rage against women's oppression. Violence against women has been shown to be directly linked to HIV infection. Among young people in Africa, women constitute 77 per cent of new infections.

I call on African leaders sitting here in this Hall to protect and promote the human rights of all people and vulnerable groups, particularly women and girls. We ask that you not fail us yet again. The progressive language of the African Common Position must remain; African people — and African women — deserve this.

So do all vulnerable people and women around the world, from Asia to the Pacific to Eastern Europe. I make the same appeal to leaders of all countries seated here today. Your declaration must reinforce the premise that violence against women must become every country's political priority, and that targets must be set to end it.

In January, I did my CD4 count; it was 471. Because of scientific advances over the past 25 years, I have hope that when the time comes for me to get treatment, it will be available. HIV-positive people the world over deserve this hope. And the additional 14,000 who will be infected by today's end also deserve to have hope.

None of the 900 people who will die in my country deserve to die today. What the General Assembly decides here will determine whether there is reason for hope.

The past 25 years have given us the science of mother-to-child transmission prevention and have taught us that harm-reduction programmes work and that only in an atmosphere of human rights, where the rights of all to autonomy over their own bodies, protection, dignity and life are respected, can we ensure that the epidemic will not prevail.

Condoms work. They must be available to all, and we must create a culture of regular use. Priority should be given to vulnerable groups: children, men who have sex with men, sex workers and injecting drug users. These interventions must be universally implemented. Last year, when the leaders of the Group of Eight announced that universal access to prevention, treatment, care and support must be our target for 2010, those of us for whom this is a matter of life or

death rejoiced. They said this because it can translate into reality.

In order for us to say that there are countries which are responding well to the epidemic, we must have functioning national AIDS responses, involving people living with HIV and AIDS. The big task now is to make sure that the declaration not be a document of empty promises and not a mere restatement of principles, but rather a platform for target-based action. The 2001 Declaration of Commitment was a good foundation document that emphasized human rights. But in the five years since the 2001 Declaration, more than 20 million people have become infected with HIV.

I ask that, as you members of the General Assembly deliberate over the next two days, you will be guided by the pain and hope that sits in our hearts as citizens of the world. I ask that you remember that 14,000 new infections and 8,000 deaths occur daily. In the past, while we have hesitated, debated, restrained our actions and failed to protect vulnerable groups, the epidemic has raged on. A new global response to the epidemic must build on what we have done and learned. But it cannot aim for less than 100 per cent truth, leadership, accountability and universal access to prevention, care, treatment and support.

The President: On behalf of all of us here in the General Assembly Hall, I wish to thank the representative of civil society, Ms. Khensani Mavasa, for her very important and very moving statement. I thank her for bringing the realities of HIV/AIDS into the General Assembly Hall. She has showed us the face of HIV/AIDS. Only when we see more and more such faces can we start to understand what is at stake in our world.

During this first hour of our meeting, over 500 men, women and children have been newly infected with HIV. Half of them are under the age of 24. So, we have a very important agenda to deal with.

I would like to remind members that the informal interactive civil society hearing — a very important and lively one, I am sure — will be held in Conference Room 2 immediately following the adjournment of this plenary meeting.

The General Assembly has thus concluded this stage of its consideration of agenda item 45.

The meeting rose at 9.50 a.m.